

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 249-188
C# M#

SHITARA et al

TC/A.U. 1643

Serial No. 09/914,837

Examiner: Yaen

Filed: September 4, 2001

Date: June 2, 2006

Title: DIAGNOSTIC AGENT AND THERAPEUTIC AGENT FOR LEUKEMIA

Attached:

- (1) Amendment;
(2) Credit Card Payment Form;
(3) 5 pages of Deposit Receipts

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter to the Office Action of December 2, 2005 in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment	0	minus highest number	
previously paid for	20	(at least 20) =	0 x \$50.00
			\$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment	0	minus highest number	
previously paid for	3	(at least 3) =	0 x \$200.00
			\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$360.00 (1203)/\$180.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)	One Month Extension \$120.00 (1251)/\$60.00 (2251)	
	Two Month Extensions \$450.00 (1252)/\$225.00 (2252)	
	Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)	
	Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)	
	Five Month Extensions \$2160.00 (1255)/\$1080.00 (2255)	\$ 1020

Terminal disclaimer enclosed, add	\$130.00 (1814)/ \$65.00 (2814)	\$
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☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	\$
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Assignment Recording Fee	\$40.00 (8021)	\$
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Other:		\$
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TOTAL FEE PAID BY ATTACHED CREDIT CARD AUTHORIZATION FORM \$ 1020.00

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
BJS:

NIXON & VANDERHYTE P.C.
By Atty: B. J. Sadoff, Reg. No. 36,663

Signature: _____